

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013254

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3450

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**Length of stay in 1b
70 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Jewish Hosp.**Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Mo.

c. CITY OR TOWN **St. Louis**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
5653 CatesReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

FIRNA

Middle

FINK

Last

Anna

Fink

4. DATE OF DEATH

Month

Day

Year

March

24

1963

5. SEX

Female

6. COLOR OR RACE

Cauc.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/10/1890

9. AGE (last birthday)

72

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Russia

11. BIRTHPLACE (City and state or country)

USA

13a. FATHER'S NAME

Samuel Bernstein

13b. MOTHER'S MAIDEN NAME:

Sophie (unk)

14. NAME OF HUSBAND OR WIFE

Sam

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **NO**

17. INFORMANT

Address:

Mrs. Lucille Kramer 5654 Delmar

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Dehydration

INTERVAL BETWEEN
ONSET AND DEATH
2-3 weeksConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Diarrhea of undetermined cause

DUE TO (c)

785.6

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3/17/63

to

3/24/63

and last saw her alive on

3/24/63

Death occurred at

250 P

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Alvin S. Winkler

22b. ADDRESS

Jewish Hospital

22c. DATE SIGNED

3/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/26/1963

23c. NAME OF CEMETERY OR CREMATORY

Ghesed Shel Emeth

23d. LOCATION (City, town, or county)

University City, Mo.

24. FUNERAL DIRECTOR

Berger

ADDRESS

Memorial 4715 McPherson

25. DATE RECD. BY LOCAL REG.

MAR 26 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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205

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64-0

64

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James G. Gaudin

Licensed Embalmer No. 4229

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.